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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) JUNE 2004 - \$5.605M CONVERTIBLE NOTES AND WARRANTS

Filing Under (Check box(es) that apply): Type of Filing: X New Filing

Rule 504 Rule 505 Amendment

Section 4(6)

ULOE

1086

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.) AMERICAN LEISURE HOLDINGS, INC.

Address of Executive Offices

(Number and Street, City, State, Zip Code) Telephone Number (including Area Code)

(210) 226-2060

PARK 80 PLAZA EAST, SADDLE BROOK, NJ 07663

(if different from Executive Offices)

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code)

Brief description of Business

TRAVEL SERVICES DISTRIBUTION AND VACATION RESORT DEVELOPMENT

Type of Business Organization

X corporation business trust

limited partnership, already formed limited partnership, to be formed

other (please specify):

Actual or Estimated Date of Incorporation or Organization:

Month Year 2000

X Actual

Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this from. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

A. BASIC INFORMATION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such

2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; ٥ Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: X Beneficial Owner X Executive Officer X Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) MALCOLM J. WRIGHT Business or Residence Address (Number and Street, City, State, Zip Code) PARK 80 PLAZA EAST, SADDLE BROOK, NJ 07663 Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer X Director General and/or Managing **Partner** Full Name (Last name first, if individual) L. WILLIAM CHILES Business or Residence Address (Number and Street, City, State, Zip Code) PARK 80 PLAZA EAST, SADDLE BROOK, NJ 97663 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) JAMES P. LEADERER Business or Residence Address (Number and Street, City, State, Zip Code) PARK 80 PLAZA EAST, SADDLE BROOK, NJ 07663 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing **Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing **Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter **Beneficial Owner Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter **Beneficial Owner Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** General and/or Managing Check Box(es) that Apply: Promoter Beneficial Owner Director Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Yes No
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?											\$5,605,000
3.	Does the offering permit joint ownership of a single unit?											Yes No
4.												e listed is an he broker or
Full Name (Last name first, if individual) US FUNDING CORPORATION												
Business or Residence Address (Number and Street, City, State, Zip Code) PO BOX 141046, CORAL GABLES, FL 33114												
Name of Associated Broker or Dealer												
	Which Perso cck "All Stat							•••••	*************	*************		All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[GI] [MS] [OR] [WY]	[ID] [MO} [PA] [PR]
Full Name	e (Last name	first, if ind	ividual)									
Business	or Residence	: Address (1	Number and	i Street, Cit	y, State, Zi _l	p Code)						
Name of	Associated B	roker or De	saler									١
	Which Person cck "Ali Stat						**************	**********	**************	**************	******	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] (ND) [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[GI] [MS] [OR] [WY]	(ID) [MO) [PA] (PR]
Full Nam	e (Last name	first, if ind	lividual)									
Business -	or Residence	: Address (1	Number and	l Street, Cit	ry, State, Zi	p Code)						
Name of	Associated B	troker or De	ealer									
	Which Personeck "All Stat								•••••••••			All States
[AL] [IL] [MT] [RI] (Use blan	(AK) [IN] [NE] [SC] ak sheet, or c	[AZ] [IA] [NV] [SD] copy and us	[AR] [KS] [NH] [TN] s additional	[CA] [KY] [NJ] [TX] copies of t	[CO] [LA] [NM] [UT] this sheet, as	(CT) [ME] [NY] [VT] s necessary.	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[GI] [MS] [OR] [WY]	(ID) [MO) [PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
already exchanged.	Aggregate	Amount Already
Type of Security Debt.	Offering Price	Sold \$.0
Equity	\$0	\$0
Common Preferred		
Convertible Securities (including warrants) Aggre, inclds, unex, warr, for \$2,000,000 Partnership Interests	<u>\$ 7.605.100</u> <u>\$ 0</u> \$ 9	\$ 5.605.100 \$ 9 \$ 0
Total	\$ 7,605,100	\$ 5,605,160
Answer only in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "1" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u> </u>	\$ 5,605,100
Non-accredited Investors	0	
Total		
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
m	Toma of Casamin.	Dollar Amount
Type of Offering	Type of Security	Sold
Rule 505		\$
Regulation A		S
Rule 504	•	S
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		_ s
Printing and Engraving Costs		_ s
Legal Fccs		\$ 60,000
Accounting Fees	***************************************	_ s
Engineering Fees		_ s

Sales Commissions (specify finders' fees separately)	<u>_X</u>	\$ 131,250
Other Expenses (identify) Origination Fee	.X .	\$ 100,000
Total	. X	\$ 291,250

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C	puestion 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$ 7,313,85 0				
U 6:	adicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be sed for each of the purposes shown. If the amount for any purpose is not known, furnish an atimate and check the box to the left of the estimate. The total of the payments listed must qual the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. bove.					
_			Payments to Officers, Directors, & Affiliates	Payments to Others		
	Salaries and fees	_	\$	\$		
	Purchase of real estate		\$	\$		
	Purchase, rental or leasing and installations of machinery and equipment	-	\$	\$		
	Construction or leasing of plant buildings and facilities	_	\$	\$		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).		\$	s		
	Repayment of indebtedness	_	\$	s		
	Working capital	X	\$	\$ <u>7.313.850</u>		
	Other (Specify					
	Loans to subsidiaries and potential acquisition targets	_	\$	\$		
	Column Totals	-	\$	\$		
	Total Payments Listed (column totals added)		X \$7.313.850			
	D. FEDERAL SIGNATURE					
ollowi	such has duly caused this notice to be signed by the undersigned duly authorized person. It is not signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b	ange Co	mmission, upon			

Issuer (Print or Type)

AMERICAN LEISURE HOLDINGS, INC.

Name of Signer (Print or Type)

MALCOLM J. WRIGHT

CHIEF EXECUTIVE OFFICER

ATTENTION

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No

X

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

AMERICAN LEISURE HOLDINGS, INC. Name (Print or Type)

MALCOLM J. WRIGHT

Date 6/29/05

CHIEF EXECUTIVE OFFICER

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

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	•			AF	LENDÍX							
	Intend to sell		to non-accredited offering price			Type of investor and amount purchased in State						
			offering in state (Part C-Item 1)		amount (Part C		waiver granted) (Part E-Item 1)					
				Number of		Number of						
State	Yes	No		Accredited Investors	Amount	Non-accredited Investors	Amount	Yes	No			
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AK												
AZ												
AR												
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APPENDIX

1	2		3		5 Disqualification					
	Intend to sell to non-accredited investors in State (Part B-Item 1)		ecredited offering price s in State offering in state		Type of investor and amount purchased in State (Part C-item 2) Number of Number of					
State	Yes	No		Accredited Investors	Amount	Non-accredited Investors	Amount	Yes	No	
LA										
ME										
MD										
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MI										
MN										
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NC										
ND										
OH										

APPENDIX

1	2 3					5					
	Intend to sell to non-accredited investors in State (Part B-Item 1)		to non-accredited offering price investors in State offering in state			Type of investor and amount purchased in State (Part C-Item 2) Number of Number of					
State	Yes	No		Accredited Investors	Amount	Non-accredited Investors	Amount	Yes	No		
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